

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT

10 / 53940

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	2						53						
4	/						54						
5	/						55						
6	2						56						
7	2						57						
8	2						58						
9	2						59						
10	2						60						
11	2						61						
12	2						62						
13	2						63						
14	2						64						
15	4						65						
16	1						66						
17							67						
18	/						68						
19	/						69						
20	/						70						
21	3						71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31	1						81						
32	1						82						
33	2						83						
34	1						84						
35	1	2					85						
36	1	2					86						
37	1	2					87						
38	1	2					88						
39	1						89						
40	1						90						
41	2						91						
42	2						92						
43	2						93						
44	2						94						
45	1						95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL DEP.	2		↓		↓		TOTAL DEP.		↓		↓		↓
TOTAL DEP.	98		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	105						TOTAL CLAIMS						

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